CAMP	AIGN CONTRIBUTI	ONS AND E	XPENSES	REPORT	State	of Nevada
5	YAN AIAZZ	1 E	30 R			#8
Name (pri		Office (if	applicable)	225-	738-22	trict (if applicable)
Mailing Ad	Idress (include city and zip code)	SLKO NI	8980	,	Telephone No.	
	cancegbenu	sedu			•	10
			_	∏IND EXP []	AMENDED [] AN	NUAL FILING
Select Ap	propriate Box(es) CANDIDATI	E □PAC □BA	G □ POL PRTY		AMERICE	
	Annual Filing - Due J	lanuary 15, 20	04			
	Period: January 1, 2003 - Decer	mber 31, 2003			1	FILE
<u>_</u>		-104 0004				I ha ha
Încumben	Report #1 — Due Augu ats in an Office with a 4-year term	Period: Jan. 5	, 2001 — Aug 26, 26	004	VIIC	<b>3 0</b> 2004 a
Incumber All others	its in an Office with a 6-year term	Period: Jan. 1.	0, 1998 — Aug 26, 2004 – Aug. 26, 20	04	certif	701/ 2004
Ballot Ad	lvocacy Groups (BAGs) only:	Period: Dec.	5, 2002 - Aug 26, 20	004	DEA	N HELLER
П	Report #2 Due Octol	ber 26, 2004			SECRET	ARY OF STATE
	•	Period: Aug. 2	27, 2004 Oct. 21,	2004		
	Report #3 Due — Janu	ary 15, 2005*	2, 2004 — Dec. 31,	2004		
BAGs on	ıly:	Period: Oct. 2 Period: Oct. 2	2, 2004 - Dec. 5, 20	004		
	Annual Filing – Due Ja	nuary 15, 2005				
	Dariadi January 1 2004 -	December 31 - 20	304	ad Panort Nos	1 and 2	
* Third	Report suffices for 2005 A	nnual Filing if ca	noidate also in	ou report nos.		
						Cumulative From Beginning
	CONTRIBUTIONS	SUMMARY				of Report Period #1 through End
					This Period	of This Reporting
					\$ 2500	Period
1	. Total Monetary Contributions	Received in Excess	s of \$100		2500	<u> </u>
•	. Total Monetary Contributions	Received of \$100 (	vrless		174	
2	. Total Monetary Contributions	I/GCGIACO OI # 100 (				
			This Period	Cumulative From Beginning of		
				Report Period #1 Through End of		
				This Reporting Period		
3	3. Total Amount of Monetary	Contributions	-		Anch!	
	Received (Add Lines 1 and 2)				\$2674	
4	<ol> <li>Total Value of In Kind Contrit</li> </ol>	outions Received in	d			
	Excess of \$100			.J	<del></del>	
		EX	(PENSES SU	MMARY	1.	
	5. Total Monetary Expenses Pa	aid in Excess of \$10	00		\$ 550	
1	6. Total Monetary Expenses Pa	id of \$100 or Less			250	
	7. Total Amount of All Moneta	ary Expenses Paid	ļ		\$ 800	
	(Add Lines 5 and 6)  8. Total Value of In Kind Expen	ses in Excess	d		<u> </u>	
	of \$100			_l		
			AFFIRMAT	ION		
l Deck	are Under Penalty of Perjury	That the Foregoi	ng is True and C	orrect.		
, Decil			-		/	/
	$\leq \mathcal{L}$	His	As		8/29	9/04
	() Im	1 Vrg	//		Date	<b>/</b>

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Report	Period	#	/

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STAN	1119	1241

Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
Dr. Hard	, ,	4	
Elko Dagnostic Elko	5/21/04	1000	
Ir. Haid Elko Dognostic, Elko NSEA 3511 E Harmon LV NV John & Sheron Dedolph Bx 281210 Lamoille NV	7/15/04	\$1000	
John & Sheron Dedolph	-//	4.5	
Box 281210 Lamoille NV	5/21/0+	500	
	<del> </del>		
•			
		-	
	_1		

#### **Expense Categories**

CATEGORIES	CODE
Office expenses	Α
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	К

<sup>\*\*</sup> NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

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BOR
Office (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Print N Copy ELKO	D	8/26/04	\$550

### IN KIND CONTRIBUTIONS AND EXPENSES REPORT

# IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

**Examples of in kind contributions:** (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

**Example of in kind expenses:** (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

IN	KIND CAMPAIGN
CC	NTRIBILITIONS

Report Period

#8

Name (print)

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BoR Office (if applicable)

### IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
-X/A-				
		¥		

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IN KIND CAM	PAICN
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EXPENSES	

Report	Period	#	1

BOR Office (if applicable)

District (if applicable

**IN KIND** 

## Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
-NA-			